Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	08/11/10	Address:	2391 W. 50 S.
Case #:	<u>16F19889</u>		Logansport, IN 46947
County:	<u>Cass/09</u>		
	boratory Seizure (check one)	Seizure Location (_
Chemic	onal Lab al/Glassware/Equipment (only) te (only)	⊠ Residence □ Outbuilding □ Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s);			
☐ Flammable Solvents: camper (rear bench)			
Water Reactive Metal (Lithium): camper (rear bench)			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: camper (rear bench)			
Corrosive Base: camper (rear bench)			
Other (item and location):			
Yes (1 No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: <u>Logansport F.D.</u> artment: <u>Cass Co. F.D.</u> etion Service: <u>Cass Co. D.C.S.</u>	Fax: <u>574-722-3842</u> Fax: <u>574-753-7039</u> Fax: <u>574-722-2286</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: J. Klepinger Phone (574) 753-4252			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.